

CLAIMS ONLY		SEARCHED		INDEXED		FILED	
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>10/024,858</i>	Filing Date
						Applicant(s)	
						• May be used for additional claims or amendments	
CLAIMS	<i>11-25</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<i>2</i>
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	<i>2</i>		<i>2</i>				
Total Depend	<i>0</i>		<i>0</i>				
Total Claims	<i>2</i>	<i>2</i>					

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